

**MINUTES  
of the  
THIRD MEETING  
of the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**August 25 - 27, 2004  
Room 322, State Capitol  
Santa Fe, New Mexico**

**PRESENT**

Sen. Dede Feldman, Chair  
Rep. J. Paul Taylor, Vice Chair  
Sen. Rod Adair (8/26, 8/27)  
Sen. Steve Komadina (8/26, 8/27)  
Rep. Terry T. Marquardt (8/27)  
Sen. Mary Kay Papen (8/25)

**ABSENT**

Rep. Rory J. Ogle  
Rep. Jim Trujillo

**Advisory Members**

Rep. Gail C. Beam (8/26, 8/27)  
Sen. Sue Wilson Beffort  
Rep. Ray Begaye (8/25, 8/26)  
Rep. William "Ed" Boykin  
Rep. John A. Heaton  
Sen. Linda M. Lopez (8/25, 8/26)  
Rep. Antonio Lujan  
Rep. James Roger Madalena (8/25, 8/26)  
Rep. Al Park (8/27)  
Rep. Edward C. Sandoval  
Rep. Gloria C. Vaughn

Rep. Rick Miera  
Rep. Danice Picraux  
Sen. Bernadette M. Sanchez

(Attendance dates are noted for those not present for the entire meeting.)

**Staff**

Phil Lynch  
Ramona Schmidt  
Karen Wells

**Guests**

The guest list is in the meeting file.

**Wednesday, August 25**

The meeting was called to order by Senator Feldman, chair, at 9:30 a.m. Members of the committee and staff introduced themselves.

Pam Hyde, secretary of the human services department (HSD), provided an update on medicaid reform efforts. Currently, the program represents about \$2.4 billion, which is nearly half of the state's entire budget. Carolyn Ingram, medical assistance division director, described strengthened disease management efforts, school health collaborations and quality control measures. Federal funds are declining while enrollment and expenditures continue to grow. To maintain medicaid services at the current level, an increase of 20.7 percent more general fund dollars will be needed. She reviewed cost containment efforts that are underway. Further reductions in federal funding along with continued program growth is projected to result in a need for \$98 million in new general fund money without further cost containment initiatives for FY06.

Senator Feldman asked about progress in implementing pharmacy initiatives required by the medicaid reform committee. Ms. Ingram said that numerous changes have been made. HSD is prioritizing the remaining requirements, including development of a preferred drug list for the fee-for-service population, and studying the cost and benefit of a carve-out of pharmacy benefits from managed care. Ms. Ingram noted that HSD is trying to hire new people with pharmacy expertise to deal with these issues. Further discussion centered around the need for a unified preferred drug list, consolidated purchasing agreements, repercussions due to reductions in payments to providers and pharmacies and the impact of changes on the UNM hospital.

Committee members expressed strong beliefs that there will be serious repercussions to the deep cuts being imposed on providers by managed care organizations (MCOs). The department feels it is closely watching these trends and that its charge is to make program cuts that protect enrollees rather than to keep providers whole. Concern was expressed about the adequacy of the network of behavioral health services and providers, especially in the southern part of the state. Secretary Hyde stated this matter was now the subject of a lawsuit and that her remarks must be limited, but the department is committed to ensuring adequate services. Senator Feldman proposed that this discussion be continued in Las Cruces at the next meeting of the committee.

Clarification was sought in the following areas:

- projected reductions in the federal match rate (FMAP) and the impact on the medicaid program;
- potential federal objections to the "bed tax" legislation that passed this year;
- the interface between medicaid and IHS;
- the savings, if any, of recertification every six months;
- proposed enrollment fees for certain medicaid beneficiaries;
- details about budget requests and potential for a supplemental request;
- disease management;
- school-based health; and
- an update on the state coverage initiative.

The HSD was requested to provide written clarification of some of these issues at a later date.

According to Representative Begaye, medicaid enrollment within hospitals does not flow smoothly and adversely affects Native American patients. He asked if an office could be set up in Shiprock to allow for easier access. Representative Vaughn requested the same thing for the Mescalero Apache Tribe in Otero county.

It was noted that many of the optional areas of medicaid services and eligibility that must be examined for potential cuts are areas the legislature has worked very hard to put in place.

Public comment was offered by Noel Clark and Bill Daumuellar from Rio Grande behavioral health services regarding perceived limits to access to behavioral health providers. Diane Wood and Ellen Pinnes presented the issues of the disability coalition and the medicaid coalition, and Jaima Fitz from the New Mexico center on law and poverty spoke on the negative impact of changes in medicaid recertification.

Dr. Mary Beresford, director, New Mexico governor's commission on disability, provided various statistics on her constituency in New Mexico. The office is trying to change attitudes toward the disabled and sponsors the southwest conference on disability. Jim Parker discussed initiatives of other states in addressing the needs of the disabled. New Mexico is a leader in promoting consumer direction and community-based care, he said. Various grants are available to promote these concepts. Dr. Beresford described her efforts to bring all agencies involved with disabilities to work on employment issues. In the future, housing and transportation issues will be addressed.

The following topics were discussed:

- New Mexico's compliance with the federal Americans with Disabilities Act;
- difficulties making accessibility modifications on older buildings; and
- how estimates of the number of people with disabilities are made, especially in the Indian nations.

Dale Tinker, executive director of the New Mexico retail pharmacy association (NMPHA), and Neal Dungan, chairman of the NMPHA buying program, were introduced. They highlighted many issues of pharmacy economics that are unique to retail pharmacies, including inadequate dispensing fees, lack of rebates for pharmacies and lack of access to government pricing schedules such as the 340b program. The state association is interested in the implementation of a preferred drug list, prior authorization, prior transparency and therapeutic interchange requirements. The effects of medicaid cost containment measures are onerous for retail pharmacy businesses, especially in rural areas. Some pharmacies are in danger of closing due to medicaid reimbursements that are below costs. Mr. Tinker identified some legislative successes, including clinical pharmacists, prescribing authority of certain pharmacists and enhanced collaboration of pharmacists with physicians. About 10 pharmacies are providing vaccinations with NMPHA providing training for this service. Prescribing pharmacists are also involved in tobacco cessation efforts. He briefed the committee on the status of the *Starko* lawsuit, in which NMPHA claims the mandated minimum dispensing fee of \$3.65 is not being provided by the

SALUD/MCOs. Senator Feldman invited Paul Ritzma, legal counsel for the HSD, to respond. He noted that despite two rulings, so far there is no clarity about the real issues of the lawsuit.

Mr. Tinker stood for questions and the following issues were covered:

- importation and re-importation of drugs from other countries;
- prescriptive authority for psychologists;
- the *Starko* lawsuit;
- enhanced use of the 340b program;
- "brown bag" efforts and the need for funding of this program;
- polypharmacy issues;
- bulk purchasing of prescription drugs; and
- the potential value of carving out pharmacy from managed care.

Senator Feldman asked that the NMPHA clarify what it is requesting from the HSD and that it provide the committee with a written request.

Dustin Sparks and Justin Woolf from the office of the attorney general presented information about a project regarding pricing trends in pharmacies in New Mexico. Prices vary tremendously from pharmacy to pharmacy. Seniors have a great need for this information since they have the highest utilization of drugs, according to the two. Each month the office of the attorney general targets 10 additional drugs and posts its price findings on its web site. The long-term goal is to educate consumers about how to obtain the best prices and how the pharmaceutical market works.

Committee members asked questions on the following topics:

- the feasibility of posting Canadian prices on the web as a comparison;
- the posting of committee findings on Canadian prices in other venues besides the internet, such as senior centers; and
- the advisability of coordinating the efforts of the aging and long-term services department and the retiree health care authority.

The office of the attorney general was complimented for its fine job in pursuing this issue.

Donna Boswell, representing Pharmaceutical Research and Manufacturing of America (PHRMA), spoke about the federal Medicare Modernization Act and its impact on states in three major areas: the states as employers who pay for retiree drug benefits; administering medicaid drug benefits; and making maintenance-of-effort payments to support dual-eligibles. Refunds are available to employers who provide prescription drug benefits to retirees. Milton Sanchez, executive director of the retiree health care authority, said he is aware of this provision and plans to apply for the refund. Retirees will be advised that their benefits will not change, so this option will be transparent to the retiree. In 2006 all dual eligibles enrolled in medicaid will be enrolled in medicare for the purposes of their prescription drugs. Ms. Boswell highlighted various steps that will be necessary to assure a smooth transition and to protect the state budget. The financial

impact of the maintenance-of-effort payment (called the "clawback") was described. A chart was presented to depict the estimated percentage of medicare eligibles in New Mexico for whom "standard coverage" will leave a gap.

Mr. Sanchez presented an update to the committee on the senior rx discount card program, which enrollment continues to grow, he said. Currently, around 4,000 people are enrolled. The majority of prescriptions (60 percent of which are for generics) are filled at retail pharmacies. The member pays 100 percent of the discounted price; discounts average 13 percent off the retail pharmacies' usual and customary prices. On average, members are saving \$15.00 for each prescription filled. Overall, this has been a very successful program. It is anticipated that in 2006, when the full medicare benefit is implemented, the program will shrink as people enroll in medicare. Many people seem to like this program, since there is no enrollment fee or application fee.

Discussion included the following:

- interface between what public retirees pay and what members of the senior rx discount card program pay for their benefits; and
- anticipated enrollment of retirees in the medicare prescription drug plan.

There was no public comment. The meeting recessed at 5:45 p.m.

#### **Thursday, August 26**

The meeting was reconvened at 9:15 a.m. by the chair. The members of the committee introduced themselves. Senator Feldman introduced Kathy McCord, who is running to fill the seat vacated by Representative Ron Godbey, a former member of the committee who resigned his seat.

Joyce Naseyowma-Chalan, director, public health division, department of health (DOH), gave a brief presentation about the importance of prevention and identified the guiding principles on the department for prevention activities.

Dr. Steve Nickell, immunization program manager, identified the department's strategies regarding vaccine-preventable diseases to ensure that more than 90 percent of New Mexicans are properly immunized. New Mexico's immunization rate has improved from 61.2 percent to 75.2 percent since June 2000. The DOH is moving toward implementing an electronic, web-based registry system to record immunizations as they are given. A statewide coalition is working to promote these goals. The committee asked for additional information regarding immunizations for immigrants, shot clinics and immunization rates for Native Americans, problems with reporting of immunizations, the projected implementation date of the registry and the danger (or lack thereof) of mercury-based vaccines.

Susan Eastman, infectious disease bureau chief, educated the committee about hepatitis C and

efforts to prevent this devastating disease. An estimated 32,000 people in New Mexico are currently infected, 70 to 80 percent of whom will develop liver disease. In order to effectively prevent hepatitis C, syringe exchange programs, counseling and testing programs are essential. The DOH is working with Dr. Sanjeev Aurora of UNM to address treatment through a telehealth project. David Roddy, director of the New Mexico primary care association, indicated his association is collaborating with the DOH.

Jeremy Landau and Steve Garrett, people living with AIDS, commented on a legislative initiative they intend to present in detail at a later date. Many people living with AIDS are also infected with hepatitis C. Issues were raised concerning the cost of tests to identify the disease (estimated at \$48.00), the cost of tests to identify the degree of infection (estimated at \$300), the cost of treatment and the estimated number of infected inmates in New Mexico (estimated at 1,200).

Laurie Mueller, director of the office of school health at DOH, described the department's programs to promote health in schools. The work is highly collaborative, providing coordination with many other programs statewide. The DOH partners with the public education department to support school-based health centers. A large focus of their efforts are aimed at prevention, early identification and treatment of children's mental health issues. The committee is interested in further information regarding school-based health centers and the possibility of a model program that could be implemented statewide. Dr. Steve Adelsheim was asked to speak on the use of antidepressants in youth and whether it has resulted in an increase in suicides.

Susan Lovett from the family planning program noted a decline in births to teenage mothers, from 1,635 in 2002 to 1,618 in 2003. Teen pregnancy prevention activities in New Mexico include education programs, youth development programs, media and community awareness campaigns and school-based health centers that offer counseling.

Sylvia Ruiz, director, New Mexico teen pregnancy coalition, and Maria Otero, Hispanic community liaison, spoke to the teen birth rates in New Mexico. One out of four teenage girls experience at least one pregnancy before the age of 20. An economic study estimates teen pregnancy costs New Mexico \$.5 billion annually. Susan Loubet, coalition for choice, updated the committee on the Alan Guttmacher institute's study addressing contraceptive use and family planning coverage and their effects on state and federal funds. Ms. Loubet suggested that the legislature encourage the DOH to begin a dialogue with the insurance companies to provide for contraceptive coverage. Giovanna Rossi, of both NARLA and pro-choice America, spoke to emergency contraception and educational options that can reduce teen pregnancies.

Public comment was offered by Maggie Austin on the subject of special needs children and the movement of the family infant toddler (FIT) program from the DOH to the children, youth and families department (CYFD). Some families perceive CYFD as a policing agency. Zoey Miguel respectfully requested the FIT program stay at DOH rather than move to CYFD. She stated that no notice, cost analysis or hearings were held before this move. Written copies of the statement will be gathered. Senator Feldman stated she would ask that DOH and CYFD respond to

concerns raised by this public comment.

Following a lunch break, Dr. Steve Adelsheim, director, school mental health program, Cynthia Gonzales, director, New Mexico suicide intervention project, and Michelle Linn-Gust, Apryl Miller, Lillian Mahooty and Elizabeth Adkins, representing the New Mexico suicide intervention project, gave a presentation on youth suicide prevention. Statistics on youth suicide demonstrate that it is a big problem in New Mexico. Early intervention and education are seen as key elements of prevention.

Senator Feldman recognized Mary Dale Bolson, secretary of children, youth and families, who appeared in response to questions raised during public comment prior to lunch. She described the process of transfer of the FIT program, which provides prevention and early intervention services to children, to the CYFD through a joint powers agreement. In the past, the long-term care division of the DOH handled this program. Jane Peacock, chief of the family health bureau, reported that the DOH is committed to a smooth transition of this program and that the bureau will work collaboratively with the CYFD to ensure no service disruption to these vulnerable children. The committee raised concerns about the transition and the importance of continuity of services and caregivers.

The panel on youth suicide resumed its presentation, emphasizing the importance of public awareness of the problem. Ms. Gonzales noted that New Mexico has the highest youth suicide rate in the country. She requested \$1.2 million for the New Mexico suicide intervention project to provide statewide education and prevention services. A grant funded by the centers for disease control (CDC) enabled the project to collect data on catalysts for suicide and what prevents actual attempts. There is inadequate funding to provide preventive services. Lillian Mahooty testified about her experience as a mental health counselor at a local hospital, where she worked with families and friends of youth who committed suicide and with other youth at risk of suicide.

Discussion followed, addressing:

- New Mexico's statistics compared to the rest of the nation;
- the connection between suicide and mental illness;
- lack of awareness of the warning signs of impending suicide;
- how much other states are investing to prevent suicide; and
- the relationship between suicide and terminal illness.

Larry Elmore, program manager, tobacco use prevention and control program (TUPAC), described the program's components and goals within the DOH. They are guided by the CDC "best-practices" for tobacco control. Programs have been successful and sales of cigarettes have been declining, especially since the increased cigarette tax. Programs have been targeted at youth and adults, and have addressed methods of quitting, the effects of second-hand smoke and minority population issues.

Cynthia Serna, New Mexicans concerned about tobacco (NMCAT), provided highlights about

prevention progress in New Mexico and the financial impact of smoking to the state. She noted that the industry spent over \$72 million here last year to promote smoking, while the state provided only \$5 million in funds for prevention. NMCAT is requesting the budget for prevention be increased to \$8 million. Nathan Bush, American cancer society, provided information on cigarette taxes and their effectiveness. Currently, nonsmoking taxpayers bear most of the burden of health care costs attributable to smoking. The cancer society requests that the cigarette tax be extended to smokeless tobacco products, generating an estimated \$2 million in new revenue.

Committee members questioned the disparities between legislative funding and DOH spending for tobacco cessation. Senator Feldman requested a letter responding to this issue. Questions were also asked about potential revenues to be gained by raising cigarette taxes and concern that money spent on prevention might reduce money spent on research.

Lisa McNichol, DOH obesity program manager, and David Vigil, chronic disease bureau chief, discussed activities of the department to address obesity. The department is developing a statewide program, assisted by CDC funding. It is sponsoring regional workshops and convening groups to fully develop the plan. It is promoting "New Mexico on the Move", a web-based program based on "America on the Move". The relationship between diabetes and obesity was discussed.

Jenny McCary, Dr. Maria Goldstein, and Ulrike Jerstges described New Mexico action for healthy kids, a statewide network dedicated to improving nutrition and physical activity in schools. Ms. McCary asked for support in establishing a statewide policy and standards for all levels of schools regarding competitive foods, which was defined as foods, especially from vending machines, available on the school campus. Dr. Goldstein informed the committee that the problem of obesity in children is causing children to experience health problems formerly reserved for adults, such as hypertension and adult-onset diabetes.

Jane Peacock, family health bureau chief, spoke on the issue of nutrition, including people with food insecurity, childhood obesity and the need for clinical nutrition support for children. She identified prevention activities in which the department is engaged, such as the WIC program, the commodities program and the farmers' market nutrition program. A hunger task force is producing a plan to end hunger in New Mexico.

A panel of presenters addressed the committee on a Sandoval county integrated health care model, which is a public-private partnership addressing, on the same "health campus", many of the issues presented in the previous discussions. Services in the pilot program are integrated, promoting optimal health. The pilot program has been so successful that plans are proceeding to make the program a more permanent one. Niki Baptiste acknowledged Representative Madalena and Senator Komadina for their support of this project. Both Representative Madalena and Senator Komadina commended the program. Other members of the committee applauded the goals and achievements of the program.



Charlotte Collins and Bruce Jacobs, representing the cooperative extension service of New Mexico state university, described an educational event, called family impact seminars, that they would like to bring to the legislature. The aim is to promote a family focus in policymaking and to bring research into the process. They are hoping to hold the first seminar in November in order to assist the legislative process before next January. They asked committee members for suggestions on topics. Committee members recommended scheduling such a seminar carefully so as not to conflict with interim committee meetings. Senator Feldman cautioned the presenters that legislative turnout for such an event might be very light.

There being no public comment, the meeting recessed at 5:45 p.m.

### **Friday, August 27**

Senator Feldman reconvened the meeting at 9:20 a.m. A motion was made and seconded to approve the minutes of the last meeting as presented. The motion carried. The chair announced that a \$7 million grant has been awarded to the DOH for behavioral health services, with a press conference to occur later in the day.

Cheryl Matheis, AARP director of state affairs, gave the perspective on pharmacy issues. She noted the high cost of prescription drugs in America, which almost doubled from 2002 to 2003. She described the process of passage of the federal Medicare Prescription Drug Act, and said that AARP's policy focus is to help amass more market power on behalf of the state and to provide more information to consumers. There are five components to the strategy: 1) Rx plus, which makes medicaid prices available to low-income people who are not medicaid-eligible; 2) evidence-based research, which uses independent researchers to evaluate drugs within a class and publish the results; 3) preferred drug lists and prior authorization; 4) bulk purchasing, which leverages a state's bargaining power by enlarging the purchasing pool; and 5) market fairness, which is a combination of initiatives to "level the playing field", including regulating pharmacy benefit managers, administrative and price transparency and disclosure laws. She offered technical assistance to New Mexico if the committee is interested in pursuing any of these approaches.

Senator Feldman pointed out that several of the recommended initiatives have been passed in New Mexico but not yet implemented. She asked Cynthia Wilson, pharmacy benefit manager for the HSD, to join Ms. Matheis in responding to questions.

The committee members had numerous questions and concerns regarding such issues as:

- pharmacy and therapeutics committees making decisions about treatment;
- both the value and the dangers of prescription samples;
- the importance of research grants to universities from pharmaceutical manufacturers;
- widespread confusion about the medicare prescription drug law;
- the importance of preferred drug lists to achieve market effectiveness in bulk purchasing;
- and

- AARP's position on the importation of drugs, including the prices and safety of imported drugs.

Senator Feldman asked Ms. Wilson for an update on the development of a pharmacy and therapeutics committee and progress toward a preferred drug list in the medicaid program. Referring to testimony provided by Caroline Ingram on Wednesday, Ms. Wilson said that they are proceeding. She indicated there is a charge for membership in the Oregon consortium. Ms. Matheis clarified that some of the information produced is available in the public domain.

Dr. Fran Ahern-Smith and Pat Boyle, center for nursing excellence, and Dr. Mary Polk, New Mexico state university college of nursing, presented information on nursing issues in New Mexico. The serious nursing shortage is a complex, multidimensional and national problem. Statistics were provided about nursing in New Mexico. The focus here is on generating more nurses through enhanced and expanded educational opportunities. Continuation of \$2 million in funding for two years was requested to support nursing education. Existing schools of nursing are currently unable to handle all the nurse applicants due to lack of qualified faculty. The center for nursing excellence recommends the development of a loan repayment program for graduate level education and requests \$100,000 to advance the center's goals.

Questions were raised regarding the ability to place nurse practitioners in rural areas, the need for increased graduate level nursing education, the value of bedside nursing and the problem of nurses being overextended in their jobs.

Dr. Dan Derksen and Dr. Kathy Blake presented issues regarding the physician work force. Dr. Blake complimented the legislature for improving recruitment and retention of providers through tax changes, and for the support for the medical school. There has been an increase in applications for medical licenses in New Mexico, in part because of these measures. Serious liability concerns remain, especially in specialty practices and rural areas.

Dr. Derksen talked about the distribution of physicians: New Mexico has only 169 physicians per 100,000 patients, compared to a national average of 242 per 100,000. National studies project an increased need for physicians in the future, especially in rural areas. Recruitment and retention of physicians is a continuing challenge. The primary care practice relief program, passed by the legislature in 1993, a very valuable program, could be expanded to specialty practices. Area health education systems are also very valuable. He urged the committee to continue to explore tax relief and enhancements to loan repayment programs.

The committee asked what action the medical society planned for addressing the rising cost of liability insurance. Randy Marshall indicated the medical society has established a committee to review the Medical Malpractice Act and hopes to have legislation to bring to the next legislative session.

Other questions and comments from the committee centered around:

- funding for a 24-hour health advice line and the potential for instituting it statewide;
- the high cost of liability insurance and the need for tort reform;
- the importance of funding rural residencies; and
- the impact of reimbursement cuts in medicaid on the physician workforce.

Harvey Licht, director of the office of primary care and rural health, Paul Romero, chief, workforce development and health equity, and Michael Fiero, director, office of policy, planning and evaluation, addressed workforce issues from the perspective of the DOH. Workforce development is a key part of the comprehensive, statewide strategic health plan for New Mexico. Mr. Licht identified various loan repayment and incentive programs that are funded and the challenges of matching up health professionals with the needs of the state. There are no ongoing overall assessments of the needs, requiring decisions to be made by estimate. The importance of foreign nationals to fill critical vacancies was stressed. Mr. Licht highlighted policy changes that could be undertaken in the way of tax abatement, relocation stipends, payment incentives and more to address health provider shortages in the state. The role of the DOH is to coordinate the New Mexico health service corps, the national health services corps and the recruitment and retention efforts of New Mexico health resources. The DOH is experimenting with establishing a locum tenens program to fill temporary vacancies.

Dr. Patricio Larragoite, director of the New Mexico health policy commission, presented the commissions' efforts to improve data collection systems, coordinate planning and policy, promote economic development, create a data/communications infrastructure and improve educational support programs for workforce development. Reese Fullerton, director, and Lenten Malry, Jr., office of work force training and development, described their actions to coordinate all workforce development efforts in the state. Additionally, they are offering training.

Jerry Harrison, executive director of health resource, inc., spoke of health professional recruiting in New Mexico. He reviewed the elements of a bill introduced during the 2004 legislative session that he would like to see reintroduced. The bill identified specialists as eligible for loan repayment programs, and added funding for recruitment and retention through New Mexico health resources. Additionally, Mr. Harrison requested consideration for funding for training and additional western interstate commission on higher education (WICHE) program slots for dental students and for pre-dental "clubs" at universities to prepare college students to go to dental school. Senator Feldman asked him for his requests in writing.

Maria Martinez, director of financial aid, commission on higher education (CHE), presented an overview on the health loan-for-service funding and repayment program, the WICHE program and the health policy advisory committee's relationship to CHE. She covered appropriation trends for each of the programs. She is in the process of updating marketing materials that are sent out to students to increase awareness of what is available.

The committee had questions in the following areas:

- issues of state residency;

- the role of high school counselors and the importance of working with them;
- WICHE potential and limitations; and
- issues regarding funding veterinarians to the detriment of funding education for health care providers.

Next, Dr. Larragoite, Harvey Licht and Maria Martinez addressed dental workforce issues. A successful infrastructure exists to address professional workforce shortages in the area of dental health. The focus is primarily on meeting the dental needs of the indigent. There are new initiatives in WICHE to support dental education. Oral health is part of overall health needs and cannot be treated separately. Funding for oral health issues should be enhanced. Joanne Salazar, DOH, reported that the department has applied for a federal grant to fund a health careers project in northern New Mexico. A health careers opportunity program already covers the southern part of the state.

Cathy Stauber, naturopathic doctor, Susan Barnes, naturopath, and Sunny Johnson presented their requests for support for separate bills to license naturopaths in New Mexico. There are varying levels of training and education for naturopaths. Some people feel that licensure should recognize those differences; others feel that everyone should have the same license. Among the panel, there was a difference of opinion about the most appropriate approach.

The committee expressed reluctance to license anyone without formal education. It questioned whether naturopaths throughout the state have been included in the discussion on licensure. Dr. Steinhoff, at the request of Senator Feldman, described efforts to develop an inclusive bill. The committee expressed the feeling that this bill is in need of a lot of work and a compromise should be reached between the two groups prior to the session.

Dr. Thomas Simms, chair, state board of psychologists, and Charlotte Kinney, executive director of the New Mexico medical society, presented an update on psychologists' prescriptive authority. Dr. Simms reported that proposed rules have been published and public hearings are scheduled. Prior to publication, the proposed rules were reviewed by the attorney general's office. Ms. Kinney reported that the medical board and the psychologists board are working together to resolve a few minor discrepancies. She believes that after the public hearing in September, rules will be adopted that are acceptable to the medical board.

Senator Feldman invited Mario Marquez to comment. He expressed optimism that the end of the road is finally in sight after three years of controversy. On behalf of Representative Sandoval, Senator Feldman identified the dates and locations of the public hearings.

Phil Lynch gave a brief status report on the House Bill 955 (2003) health care cost study.

Mary Feldblum, health security for New Mexicans campaign, offered public comment. She requested details about the extent of the House Bill 955 study.

There being no further business, the meeting was adjourned at 4:25 p.m.